

**TENNESSEE REGULATORY AUTHORITY
DO NOT FAX PROGRAM
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0505
PHONE 1-800-342-8359
FAX: 615-741-8953**

Dear Consumer,

If you have received an unsolicited facsimile advertisement and wish to file a complaint, please use the enclosed form. In order to process your complaint, you must provide the original facsimile advertisement(s) and fill out a separate form for each unsolicited facsimile advertisement about which you are filing a complaint.

In order for us to locate and identify the parties responsible for the fax being sent, please complete the enclosed complaint form and return it to the TRA along with the actual fax you received. Once we have received your complaint and the necessary documentation, we will initiate our investigation and send a Notice of Alleged Violation to the sender of the facsimile. The sender is required to provide a response to the Notice within ten (10) days of receipt. Upon completion of the investigation, you will receive notification by mail from your investigator of the outcome of the investigation.

If you have any questions about this process, please feel free to contact our office by telephone at 615-741-3939 ext. 200 or 1-800-342-8359 ext. 200 or by email to Tennessee.Do-Not-Fax@state.tn.us

Thank you for contacting the Tennessee Regulatory Authority's Do Not Fax Program.

**Tennessee Regulatory Authority
Consumer Services Division-Do Not Fax
460 James Robertson Parkway
Nashville, TN 37243-0505
Phone: 1-800-342-8359
FAX: 615-741-8953**

DO NOT FAX COMPLAINT FORM

1. Name/Company Name: _____
(PLEASE PRINT YOUR FULL LEGAL NAME OR COMPANY NAME)
2. Address: _____
STREET CITY COUNTY STATE ZIP CODE
3. Home Phone: (_____) _____ Work/Contact Phone: (_____) _____
4. Contact Person _____ E-mail: _____

**TO PROCESS THIS COMPLAINT YOU MUST COMPLETE THE FOLLOWING SECTION AND
PROVIDE THE FOLLOWING INFORMATION: (*Incomplete forms will not be processed*)**

The original copy of:

- ☐ The actual unsolicited facsimile advertisement that is the basis for this complaint.

Fax Complaint Information

1. Phone Number that received fax: (_____) _____ Date of fax: ____/____/____
2. Phone Number where fax originated: (_____) _____ Time fax was received: _____ AM/PM
3. Company Name on fax: _____
4. Product or Service advertised: _____
5. Address where fax originated (if known): _____
Street City
State Zip Code
6. Please answer the following questions concerning your complaint:
- | | |
|--|--|
| I give permission for TRA to obtain any records relating to the unsolicited fax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have Caller ID on the fax number. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have retained the phone number on my Caller ID pertaining to this fax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I would be willing to testify in court regarding this complaint. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
7. Please describe your complaint briefly. (Please use the back of this form for additional space)
